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Application Number	10/808,459
Filing Date	03/25/2004
First Named Inventor	Ivan Faul
Art Unit	3736
Examiner Name	HINDENBURG, MAX F
Attorney Docket Number	1007-006

I hereby revoke all previous powers of attorney given in the above-identified application.

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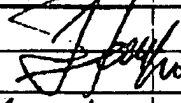
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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Ivan Faul		
Date	July 10, 2008	Telephone	303-447-0248

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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